

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Martin J. Vanderwerff</u> | <u>5915 380th Ave. Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <u>Wheatland</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/31/11</u> |
| 2. <u>Henry A Rhodes</u> | <u>19900 128th St Bristol, Wis 53104</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City <u>Kenosha</u> | <u>3/31/11</u> |
| 3. <u>Greg Struessel</u> | <u>1400 Hunters Ridge Dr Unit 107 Genoa City WI 53128</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Genoa City</u> <input type="checkbox"/> City | <u>3/31/11</u> |
| 4. <u>Jason Hansenberger</u> | <u>34323 Bassett Rd Bassett WI 53101</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bassett</u> <input type="checkbox"/> City <u>Wheatland</u> | <u>4/1/11</u> |
| 5. <u>Andrew Misicka</u> | <u>316 E. North Water St Silver Lake WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Silver Lake</u> <input type="checkbox"/> City | <u>4/1/11</u> |
| 6. <u>JAMES NIENLZYK</u> | <u>27605 113th St TREVOR WI 53179</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Trevor</u> | <u>4/1/11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Martin J. Vanderwerff, certify:

(name of circulator)

I reside at 5915 380th Ave. Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) 4/1/11

(signature of circulator) Martin J. Vanderwerff

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1601

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

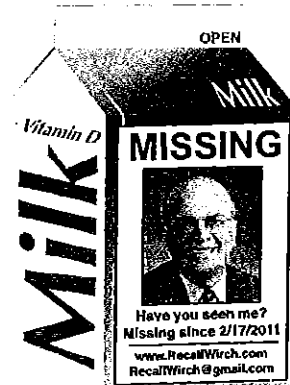
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. | 6106 115 th Ave. Kenosha, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 2. | 6306 115 th Ave Kenosha, WI 53143 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 3. | 4212 115 th Ave Kenosha, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 4. | 4212 115 th Ave. Kenosha, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 5. | 6137 114 th Ave - Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 6. | 4137 114 th Ave Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 7. | 1110 461ST ST. KE905NA WI. 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 8. | 6408 87 AV Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/29/11 |
| 9. | 6325 86TH AVE KENOSHA WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA | 3/29/11 |
| 10. | 8215 64TH ST Kenosha, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/29/11 |

Certification of Circulator

I, Deborah A. Pirie

(name of circulator)

, certify:

I reside at 4816 89th St. Kenosha, WI 53142 Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 29, 2011
(date)

Deborah A. Pirie
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

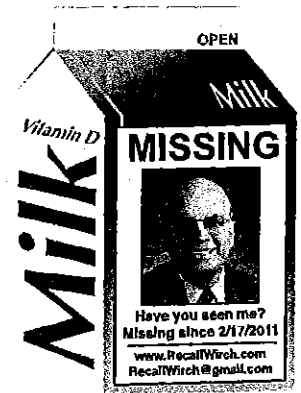
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>1126 61st Place</u> <u>Kenosha WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-27-11</u> |
| 2. <u>[Signature]</u> | <u>11212 101st Pl</u> <u>Kenosha, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-27-11</u> |
| 3. <u>[Signature]</u> | <u>4212 89 ST</u> <u>KENOSHA, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3-27-11</u> |
| 4. <u>[Signature]</u> | <u>4212 89 ST</u> <u>Kenosha, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-27-11</u> |
| 5. <u>[Signature]</u> | <u>6315 86th Ave</u> <u>Kenosha WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-29-11</u> |
| 6. <u>[Signature]</u> | <u>6316 86th Ave</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-29-11</u> |
| 7. <u>[Signature]</u> | <u>8511 64th St</u> <u>Kenosha 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-29-11</u> |
| 8. <u>[Signature]</u> | <u>8401 64th St</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/29/11</u> |
| 9. <u>[Signature]</u> | <u>6320 64th St</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHIA</u> | <u>3/29/11</u> |
| 10. <u>[Signature]</u> | <u>6105 82nd Avenue</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/29/11</u> |

Certification of Circulator

1. JOHN H. PRIVIC

(name of circulator)

, certify:

I reside at 4816-84th Street, Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

Pleasant Prairie

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 29, 2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

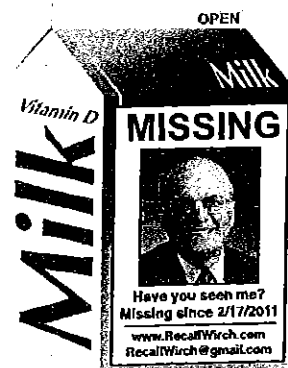
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>6203 82nd Ave</u> <u>Kenosha, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/29/11</u> |
| 2. <u>[Signature]</u> | <u>6203 82nd Ave</u> <u>Kenosha, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-29-11</u> |
| 3. <u>[Signature]</u> | <u>Kenosha, WI</u> <u>6304 82 Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-29-11</u> |
| 4. <u>[Signature]</u> | <u>8206 61st St</u> <u>Kenosha, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-29-11</u> |
| 5. <u>[Signature]</u> | <u>6125 83rd Ave</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-29-11</u> |
| 6. <u>[Signature]</u> | <u>6125 83rd Ave</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-29-11</u> |
| 7. <u>[Signature]</u> | <u>6301 83rd Ave</u> <u>Kenosha, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/29/11</u> |
| 8. <u>[Signature]</u> | <u>6202 83rd Ave</u> <u>Kenosha, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/29/11</u> |
| 9. <u>[Signature]</u> | <u>8329 45th Pl.</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-30-11</u> |
| 10. <u>[Signature]</u> | <u>6814 85th Ave.</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-30-11</u> |

Certification of Circulator

I, Deborah A. Prijic

(name of circulator)

, certify:

I reside at 4816 84th Street, Kenosha, WI 53142 Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 31, 2011
(date)

Deborah A. Prijic
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

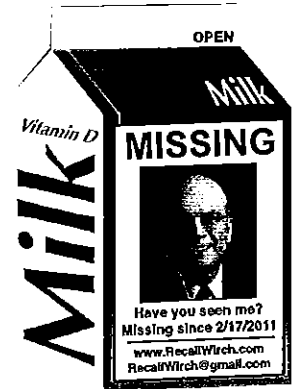
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>9047 16th Ave. #204</u> <u>Kenosha, WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/31/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Chad Giles, certify:

I reside at 4800 4th St. Somers
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

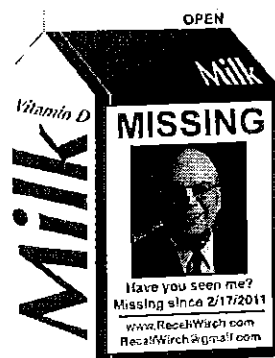
petition for the recall of Robert Wirth 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Joshua G. Kinney</u> | <u>1910 74th Place</u> <u>Kenosha, WI 53143</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>2/28/11</u> |
| 2. <u>Connor J. Reeves</u> | <u>7205 31st Avenue</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/3/11</u> |
| 3. <u>Jamdy A. Kinney</u> | <u>1910 74th Pl</u> <u>Kenosha, WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/3/11</u> |
| 4. <u>Alan Kinney</u> | <u>1910 74th Place</u> <u>Kenosha, WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/4/11</u> |
| 5. <u>John E. Pabst</u> | <u>6406 103rd Ave</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/5/11</u> |
| 6. <u>Art. Collins</u> | <u>1833-20th Ave</u> <u>Kenosha, WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/5/11</u> |
| 7. <u>Robert Kinney</u> | <u>7118 24th Ave</u> <u>Kenosha, WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/5/11</u> |
| 8. <u>Sarah Kinney</u> | <u>7118 24th Ave</u> <u>Kenosha, WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/5/11</u> |
| 9. <u>Kim Kinney</u> | <u>8520 82nd St Apt. 311</u> <u>Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3-8-11</u> |
| 10. <u>Emory L. Smith</u> | <u>9002 SHERIDAN RD #24</u> <u>Kenosha WI 53141</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3-12-11</u> |

Certification of Circulator

I, Joshua Kinney, certify:
(name of circulator)

I reside at 1910 74th Place Kenosha, WI 53143
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/2/11 OK Joshua G. Kinney
(signature of circulator)

Please mail this form to: Recall Wirth

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

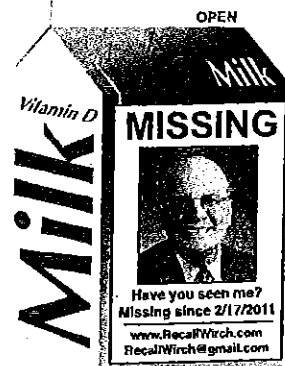
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Brian W. [Signature]</u> | <u>4630 Wilson Rd</u> <u>Kenosha WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>3/31/11</u> |
| 2. <u>Kent A. [Signature]</u> | <u>7410 1st Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/31/11</u> |
| 3. <u>Glen H. [Signature]</u> | <u>3001-26th Ave</u> <u>Kenosha WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-31-11</u> |
| 4. <u>Rogal [Signature]</u> | <u>1855-17th Ave</u> <u>Kenosha WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/31/11</u> |
| 5. <u>[Signature]</u> | <u>5024 46th Ave</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-31-11</u> |
| 6. <u>Patricia [Signature]</u> | <u>7829-8th Ave. 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/31/11</u> |
| 7. <u>[Signature]</u> | <u>1106 27th Av.</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/11</u> |
| 8. <u>[Signature]</u> | <u>Kenosha</u> <u>8722 22nd Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/11</u> |
| 9. <u>[Signature]</u> | <u>4827 69th St</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |
| 10. <u>[Signature]</u> | <u>758 7th Ave</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/11</u> |

Certification of Circulator

I, Chad Giles, certify:

I reside at 4800 4th Street Somers
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-2-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>11216 61st St</u> <u>Kenosha WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/27/11</u> |
| 2. <u>[Signature]</u> | <u>4211-51 Ave</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/28/11</u> |
| 3. <u>[Signature]</u> | <u>3907 52nd Ave</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-28-11</u> |
| 4. <u>[Signature]</u> | <u>4003 52nd Ave</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-28-11</u> |
| 5. <u>[Signature]</u> | <u>4003-52nd Ave</u> <u>KENOSHAWI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-28-11</u> |
| 6. <u>[Signature]</u> | <u>8307-66 St</u> <u>Kenosha WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/2011</u> |
| 7. <u>[Signature]</u> | <u>8502-65th Pl</u> <u>Kenosha WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/2011</u> |
| 8. <u>[Signature]</u> | <u>8303 65th Place</u> <u>Kenosha WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/2011</u> |
| 9. <u>[Signature]</u> | <u>6806 85th Ave</u> <u>KENOSHAWI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHAWI</u> | <u>3-30-11</u> |
| 10. <u>[Signature]</u> | <u>6806 85th Ave</u> <u>Kenosha WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-30-11</u> |

Certification of Circulator

I, Jeff Lauer, certify:
(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/30/2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1608

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

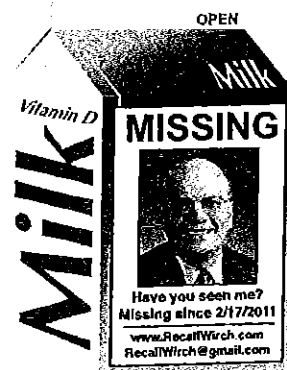
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>3910-56th Ave</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/28/11</u> |
| 2. <u>Carol J. Williams</u> | <u>4016 54th AVE</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/28/11</u> |
| 3. <u>Brian D. Kelly</u> | <u>5001-41 ST.</u> <u>KENOSHA, WI.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/28/11</u> |
| 4. <u>Paula M. Dancy</u> | <u>5117 41 Street</u> <u>Kenosha WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/28/11</u> |
| 5. <u>Joseph R. Steven</u> | <u>5042 29th Street</u> <u>Kenosha WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/28/2011</u> |
| 6. <u>[Signature]</u> | <u>5180 29th PL</u> <u>KENOSHA WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/30/2011</u> |
| 7. <u>Sandy Weiss</u> | <u>5136-11th PL</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/11</u> |
| 8. <u>[Signature]</u> | <u>2821 52 AV</u> <u>Kenosha Wis 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/11</u> |
| 9. <u>[Signature]</u> | <u>519 28th ST</u> <u>KENOSHA, WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/30/11</u> |
| 10. <u>Bob Kalits</u> | <u>4906-26th St.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/11</u> |

Certification of Circulator

I, Michael Skalit, certify:

(name of circulator)

I reside at 1415 97th Avenue Kenosha WI 53144

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

30 MAR 11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

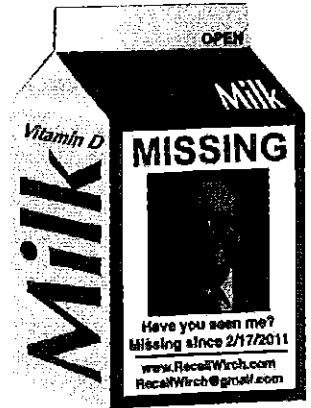
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | 15414 68 th St Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 2. <u>Robert Canzler</u> | 6137 111 th Ave Kenosha, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 3. <u>Nikolai Wren</u> | 6019 111 th Ave KENOSHA, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA | 3/27/11 |
| 4. <u>Erin Hinz</u> | 11207 60 th Place Kenosha, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 5. <u>Alma Bruno</u> | 11412 65 th Kenosha, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3-27-11 |
| 6. <u>[Signature]</u> | 6916 114 Ave Kenosha, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3-27-11 |
| 7. <u>[Signature]</u> | 6007 141 st Ave Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/2011 |
| 8. <u>[Signature]</u> | 6107 114 Ave Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/2011 |
| 9. <u>[Signature]</u> | 11209 61 st St Kenosha, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |
| 10. <u>E. BERLAND</u> | 11216 61 st St Kenosha, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/27/11 |

Certification of Circulator

I, Jeff Lauer, certify:
(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/27/2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

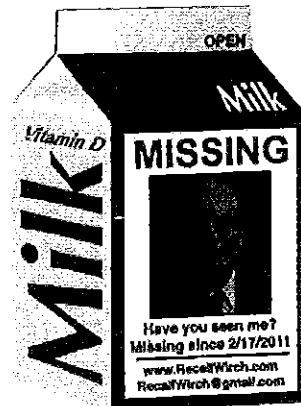
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| Richard Ochandategui | 5715 29 th Place Kenosha WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/30/11 |
| 2. Teresa Ochandategui | 5715 29 th Place Kenosha WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/30/11 |
| 3. Bruce Stetson | 5209 29 th Place Kenosha WI 53144 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/30/11 |
| 4. Mary Stebbins | 5209 - 29 th Pl Kenosha 53144 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/30/11 |
| 5. J. K. Stebbins | 5134 28 th St Kenosha WI 53144 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/30/11 |
| 6. Jan R. Bussell | 5104 28 th St Kenosha WI 53144 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/30/11 |
| 7. Mary Bussell | 5104 28 th St Kenosha WI 53144 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3/30/11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Jeff Lauer, certify:
(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/2/2011
(date)

Jeff Lauer
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Barbara Wisniewski</u> | <u>2617 136th Avenue</u> <u>Kenosha, WI 53144</u> | <input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-16-11</u> |
| 2. <u>Richard S. Davis</u> | <u>8422 East Ridge Dr.</u> <u>Pleasant Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>3-16-11</u> |
| 3. <u>Michael Michie</u> | <u>10206 80th Place</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>3-16-11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Jeff Lauer, certify:
(name of circulator)

I reside at 8770 B3rd PL Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/17/2011
(date)

Jeff Lauer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

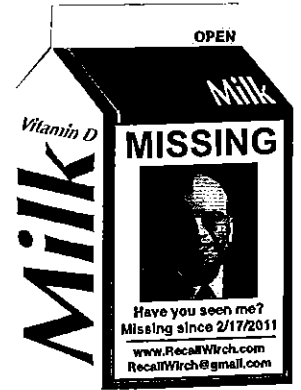
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>ROBERT J FOX</u> | <u>3520 SHERIDAN ROAD</u> <u>KENOSHA, WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>4-2-11</u> |
| 2. <u>Debra L Fox</u> | <u>3520 Sheridan Road</u> <u>Kenosha, WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Gavin NBROOKS, **Certification of Circulator**, certify:

I reside at 8201 66th St Kenosha WI 5314
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1613

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

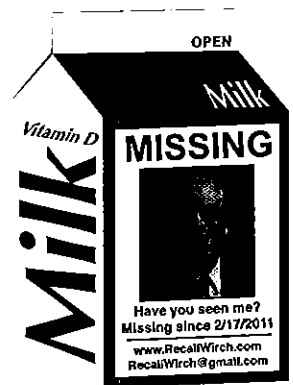
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>William J. Mulvey</u> | <u>5037 19th Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/19/11</u> |
| 2. <u>David L. Homes</u> | <u>6622-59th Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |
| 3. <u>Dianna</u> | <u>5123 21st Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>4-2-11</u> |
| 4. <u>Eric Brault</u> | <u>7806 35th AVENUE</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>4-2-11</u> |
| 5. <u>Polgar A. Iselt</u> | <u>5710-82 ST</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u> | <u>4-2-11</u> |
| 6. <u>Mr. [Signature]</u> | <u>9215 74th st</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u> | <u>4-2-11</u> |
| 7. <u>Debbie Moran</u> | <u>1418 73rd St</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |
| 8. <u>Jean Moran</u> | <u>1418 73rd St.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |
| 9. <u>Donagh</u> | <u>6725 52nd Ave</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |
| 10. <u>John [Signature]</u> | <u>6725 52nd Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |

Certification of Circulator

I, Michael Kofroth, certify:
(name of circulator)

I reside at 318 57th St #210 Kenosha, WI 53140
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/2/11
(date)

Michael Kofroth
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>10726 84th Pl</u> <u>Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | <u>2-25-11</u> |
| 2. <u>[Signature]</u> | <u>10726 84th Place</u> <u>Pl. PR WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | <u>3-4-11</u> |
| 3. <u>[Signature]</u> | <u>922 38th St</u> <u>Kenosha, WI, 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City | <u>3/6/11</u> |
| 4. <u>[Signature]</u> | <u>8715 108th Ave</u> <u>Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | <u>3/20/11</u> |
| 5. <u>[Signature]</u> | <u>8715 108th Ave</u> <u>Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | <u>3/20/11</u> |
| 6. <u>[Signature]</u> | <u>1745 41st Ave</u> <u>Kenosha, WI 53144</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Somers <input type="checkbox"/> City | <u>3/20/11</u> |
| 7. <u>[Signature]</u> | <u>1745 - 41st Ave</u> <u>Kenosha,</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Somers <input type="checkbox"/> City | <u>3-20-11</u> |
| 8. <u>[Signature]</u> | <u>10726 84th Pl</u> <u>Pleasant Prairie, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | <u>3/20/11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, David Hildreth, certify:

I reside at 10726 84th Place PP 53158 Pleasant Prairie
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-20-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

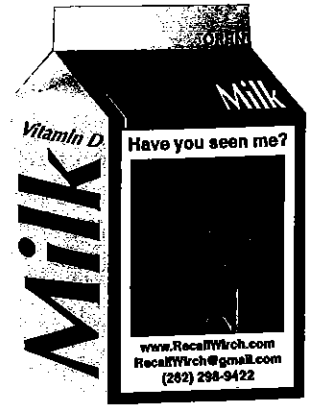
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Judith Ilade</u> | <u>1249 37TH Court</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>3-25-11</u> |
| 2. <u>Robert Wirch</u> | <u>1249 37TH Court</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>KENOSHA</u> | <u>3/25/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Judith Ilade, certify:
(name of circulator)

I reside at 1249 37TH Court, Kenosha WI 53144
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-25-11
(date)

Judith Ilade
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Shelby Sebeak</u> | <u>4416 Field Ln.</u> <u>Waterford, WI 53185.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u> | <u>3-31-11</u> |
| 2. <u>T. Bahr</u> | <u>4416 Field Lane</u> <u>Waterford, WI 53185</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u> | <u>3-31-11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Shelby Sebeak, certify:

(name of circulator)

I reside at 4416 Field Ln. Waterford - (town).

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-31-11
(date)

Shelby Sebeak
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

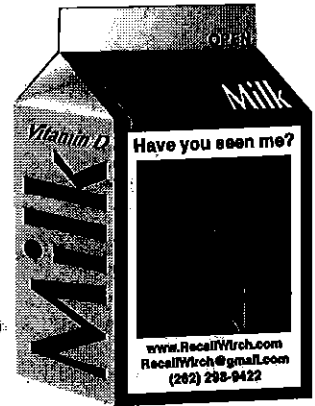
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Christopher G Roth</u> | <u>W1796 Valley View Rd</u> <u>Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <u>Spring Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/31/11</u> |
| 2. <u>Dancy B. Roth</u> | <u>W1796 Valley View Rd</u> <u>Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <u>Spring Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/31/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Christopher G Roth, certify:

(name of circulator)

I reside at W1796 Valley View Rd, Burlington, WI 53105, Spring Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3/31/11
(date)

Christopher G Roth
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Kathy Herr</u> | <u>33750 Academy Rd</u> <u>Burlington WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rochester</u> | <u>3/31/11</u> |
| 2. <u>Eric J. Herr</u> | <u>33750 ACADEMY RD</u> <u>BURLINGTON, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rochester</u> | <u>3/31/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Kathy Herr, certify:
(name of circulator)

I reside at 33750 Academy Rd Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-31-11
(date)

Kathy Herr
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

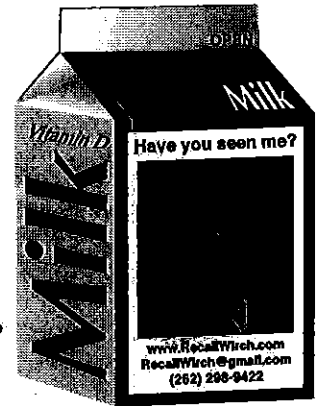
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Barbara Purpura</u> | <u>33626 Contour Dr.</u> <u>Burlington</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3-3-11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, BARBARA PURPURA, certify:

(name of circulator)

I reside at 33626 CONTOUR DR, BURLINGTON

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-31-11
(date)

Barbara Purpura
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

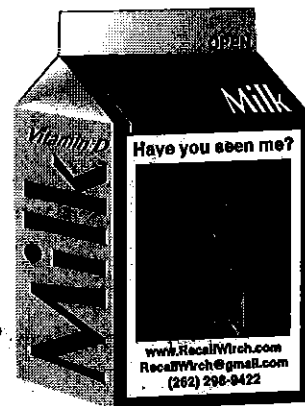
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>RONALD S. JANKOWSKI</u> | <u>4501 Hwy 83</u> <u>BURLINGTON, WI. 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WHEATLAND</u> | <u>3/31/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, RONALD S. JANKOWSKI, certify:

(name of circulator)

I reside at 4501 Hwy 83; BURLINGTON, WI. 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3/31/11
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

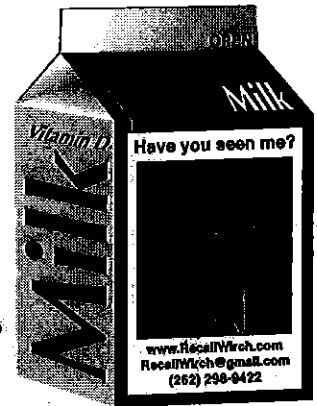
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Dominic King</u> | <u>29214 Bushnell Rd</u> | <input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/1/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, DOMINIC KING, certify:

(name of circulator)

I reside at 29214 Bushnell Rd Burlington WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/1/11
(date)

Dominic A King
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

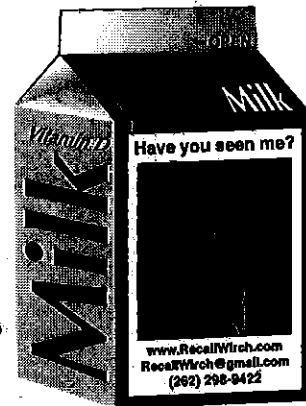
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Melvin Moat</u> | <u>1629 S. Browns Lk. Dr.</u> | <input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>April 1, 2011</u> |
| 2. <u>Sarah Moat</u> | <u>1629 S. Browns Lk. Dr.</u> | <input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/1/11</u> |
| 3. <u>Jean Moat</u> | <u>1629 S. Browns Lake Dr</u> | <input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/1/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Melvin Moat (name of circulator) certify:

I reside at 1629 S. Browns Lk. Dr. Burlington WI.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

April 1, 2011
(date)

Melvin Moat
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

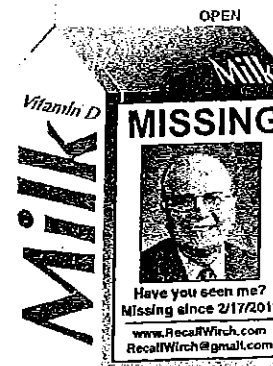
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>John Zwigg</u> | <u>1803 19th Ave,</u> <u>Kenosha WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/25/2011</u> |
| 2. <u>Anthony Sepand</u> | <u>10330 - 336th Avenue</u> <u>Twix Lakes WI.</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twix Lakes</u> <input type="checkbox"/> City | <u>3/25/2011</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Anna Milkowski, certify:

(name of circulator)

I reside at 1173 Point O' Woods Dr Twix Lakes WI. 53181

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3.25.2011
(date)

Anna Milkowski
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|-----------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Craig Butler</u> | <u>7726 26 AVE.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/26/11</u> |
| 2. <u>Julie Soler</u> | <u>7726 26th ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/26/11</u> |
| 3. <u>John White</u> | <u>5303-38th AVE</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/26/11</u> |
| 4. <u>Ther K. Smith</u> | <u>8526 48th Ave</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/26/11</u> |
| 5. <u>Russell Jensen Jr</u> | <u>7200 - 34th AVE</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/26/11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, CRAIG BASLER, certify:

(name of circulator)

I reside at 7726 26 AVE. KENOSHA, WI. 53143

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/26/11
(date)

Craig Butler
(signature of circulator)

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, <http://gab.wi.gov> email: gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1625

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

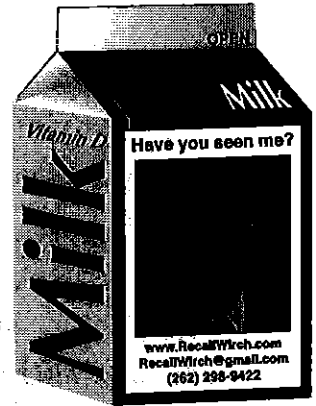
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Patricia Otten</u> | <u>5540 STEELE RD</u> <u>Box 300</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LYONS</u> | <u>3-31-11</u> |
| 2. <u>W. Otten</u> | <u>5540 STEELE RD</u> <u>P.O. BOX 300</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LYONS</u> | <u>3/31/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, PATRICIA OTTEN, certify:

(name of circulator)

I reside at 5540 STEELE RD LYONS

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-31-11
(date)

Patricia Otten
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

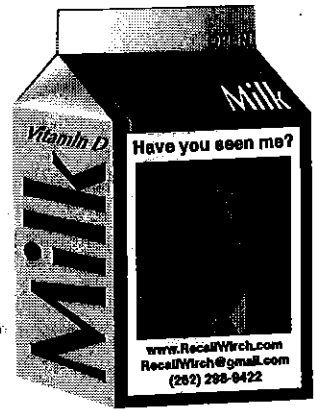
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Mark Grochowski</u> | <u>W 572 Potter Rd</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Spring Prairie</u> | <u>4-1-11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Mark Grochowski, certify:

(name of circulator)

I reside at W 572 Potter Rd Spring Prairie WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

4-1-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

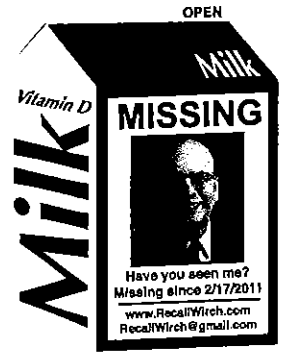
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Mike Kolnik</u> | <u>12415 38th St</u> <u>Kenosha WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-5-11</u> |
| 2. <u>Jane Wood</u> | <u>7107 32nd Ave</u> <u>Kenosha WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-5-11</u> |
| 3. <u>SS</u> | <u>6905 67th St #110</u> <u>Kenosha WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-5-11</u> |
| 4. <u>[Signature]</u> | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, DAVID M. KRUEGER, certify:

(name of circulator)

I reside at 6905 67th St. #110 KENOSHA, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|----------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Jared Nichols</u> | <u>W990 Hwy D Burlington WI 53105</u> | <input checked="" type="checkbox"/> Town <u>Spring Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/30/11</u> |
| 2. <u>Margaret Nichols</u> | <u>W990 Hwy D Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <u>Spring Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/31/11</u> |
| 3. <u>Jared Nichols</u> | <u>W990 Hwy D Burlington, WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Spring Prairie</u> <input type="checkbox"/> City | <u>3/31/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Margaret Nichols, certify:

(name of circulator)

I reside at W990 Hwy D Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

Property physically located in SPRING PRAIRIE

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3-31-11

(signature of circulator)

Margaret Nichols

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1629



RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>[Signature]</u> | <u>4255 HOLY MILL</u> <u>TWIN LAKES</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u> | <u>3/5/11</u> |
| 2. <u>[Signature]</u> | <u>5318</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. <u>[Signature]</u> | <u>P.O. Box 102</u> <u>622 N. Pine St</u> <u>5312</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>GENOA CITY</u> | <u>3-5-11</u> |
| 4. <u>[Signature]</u> | <u>932 N. PINE ST</u> <u>BURLINGTON, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u> | <u>3/5/11</u> |
| 5. <u>[Signature]</u> | <u>932 N. PINE ST</u> <u>Pine St Burlington, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u> | <u>3/5/11</u> |
| 6. <u>[Signature]</u> | <u>23401 8 Mile Rd</u> <u>Muskego, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Norway</u> | <u>3-5-11</u> |
| 7. <u>[Signature]</u> | <u>1022 E 5100 S</u> <u>1576 BENDOVER 53103</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WATERFORD</u> | <u>3/5/11</u> |
| 8. <u>[Signature]</u> | <u>2319 FOX KNOCK DR</u> <u>WATERFORD 53185</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WATERFORD</u> | <u>3/5-11</u> |
| 9. <u>[Signature]</u> | <u>529 STURIE AVE</u> <u>Burlington WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>3-5-11</u> |
| 10. <u>[Signature]</u> | <u>4932 N. PINE ST</u> <u>53155</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WATERFORD</u> | <u>3/5/11</u> |

Certification of Circulator

I, Joan Fabbi, certify:

I reside at 9801 S. FOX RUN Oak Creek WI 53154
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in the petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/5/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1630

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|--------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>[Signature]</u> | <u>SAI Ridge Court</u> <u>BURLINGTON WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u> | <u>3-5-11</u> |
| 2. <u>Kristin Buller</u> | <u>603 Mark Ranch Rd</u> <u>Burlington WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u> | <u>3-5-11</u> |
| 3. <u>DANIEL FLEMING</u> | <u>360 Indian Bend Rd</u> <u>Burlington WI 53185</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u> | <u>3-5-11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Joan Fabbro, certify:

I reside at 9801 S. Fox Run Oak Creek WI 53154
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in the petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/5/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1631

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|---------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Jason Sayre | 30025 Greenleaf dr Burlington WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/5/11 |
| 2. Mark Roberts | 7010 Wickenburgs VARE WI 53105 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/5/11 |
| 3. Aaron Platz | 307 1st St Burlington WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/5/11 |
| 4. Alvin Bell | 273 Chapel Hill #15 Burlington, WI 53105 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/5/11 |
| 5. [Signature] | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. Katy Hembrook | 333 Edward St Burlington WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/5/11 |
| 7. Betty Reising | 132 Milford #139 Burl 1 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/5/11 |
| 8. Richard Rehling | 232 Birch St #139 Burl 1 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/5/11 |
| 9. Joan Tabbar | 4901 308th Ave Burlington | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/5/11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Joan Tabbar, certify:

I reside at 9801 S. Fox Run Oak Creek WI 53154
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/05/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1632

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|---------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Levi R. Burke</u> | <u>32339 Academy Building WI</u> | <input checked="" type="checkbox"/> Town <u>Rochester</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/5/2011</u> |
| 2. <u>Linda Viol</u> | <u>211 S. Water St. Waterford, WI 53185</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Waterford</u> <input type="checkbox"/> City | <u>3/5/11</u> |
| 3. <u>Don</u> | <u>145 Oak St Burlington WI 53165</u> | <input checked="" type="checkbox"/> Town <u>Rochester</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/5/11</u> |
| 4. <u>Thomas Gotsch</u> | <u>314 E. MAIN WATERFORD</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Waterford</u> <input type="checkbox"/> City | <u>3/5/11</u> |
| 5. <u>Mindy Klu</u> | <u>29448 Eagle Ridge Dr Burlington</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Rochester</u> <input type="checkbox"/> City | <u>3/5/11</u> |
| 6. <u>ROBERT M WALKER</u> | <u>244 CONKEY BURLINGTON W.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u> | <u>3/5/11</u> |
| 7. <u>John</u> | <u>Waterford Ct Burlington</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/5/11</u> |
| 8. <u>Theresa P. J.</u> | <u>6216 373rd Ave Burlington WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Whiteland</u> <input type="checkbox"/> City | <u>3/5/11</u> |
| 9. <u>Christa Bueh</u> | <u>7411 Chicory Rd Burlington, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Burlington</u> <input type="checkbox"/> City | <u>3/5/11</u> |
| 10. <u>Cathy Tisel</u> | <u>8314 Charred Dr Burlington</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/5/11</u> |

Certification of Circulator

I, Joan Fabbro, certify:

I reside at 9801 S. FOX RUN Oak Creek WI 53154
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in the petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1633

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Demetris Rous</u> | <u>278 Chapel Terr. #22 Burlington WI</u> | <input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/5/11</u> |
| 2. <u>Daniel T Breuchman</u> | <u>3045 Beachwalk Burlington WI 53105</u> | <input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-5-11</u> |
| 3. <u>George Cottle</u> | <u>36712 57TH ST Burlington, WI 53103</u> | <input checked="" type="checkbox"/> Town <u>Wheatland</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-5-11</u> |
| 4. <u>Michelle Abtli</u> | <u>Same as above</u> | <input type="checkbox"/> Town <u>Wheatland</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-5-11</u> |
| 5. <u>Angelina Gomez</u> | <u>101 Meadowlark Dr Apt #3 Burlington, WI. 53105</u> | <input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-5-11</u> |
| 6. <u>Diana L. Carman</u> | <u>420 Pine Grove</u> | <input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-5-11</u> |
| 7. <u>Clayton T. Carlson</u> | <u>381 HILLCRIDE RD BURLINGTON, WI 53105</u> | <input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <u>3-5-11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Jean Fabbri, certify:

I reside at 9801 S. FOX RUN Oak Creek WI 53154
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in the petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/5/11
(date)

J Fabbri
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1634

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Wright Anne Emerson Sommer</u> | <u>104 State Street</u> <u>Union Grove, WI</u> | <input checked="" type="checkbox"/> Town <u>Union Grove</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/5/11</u> |
| 2. <u>[Signature]</u> | <u>724 State Street</u> <u>Union Grove, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Union Grove</u> <input type="checkbox"/> City | <u>3/5/11</u> |
| 3. <u>[Signature]</u> | <u>224 N PARKINSON BLVD</u> <u>Burlington, WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>3/5/11</u> |
| 4. <u>[Signature]</u> | <u>3224 Elkington Way</u> <u>Watertown, WI 53185</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Norway</u> <input type="checkbox"/> City | <u>3/5/11</u> |
| 5. <u>[Signature]</u> | <u>32819 Vista View Dr</u> <u>Burlington, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rochester</u> <input type="checkbox"/> City | <u>3-5-11</u> |
| 6. <u>[Signature]</u> | <u>29323 Folsom Ridge Dr</u> <u>Burlington, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rochester</u> <input type="checkbox"/> City | <u>3-5-11</u> |
| 7. <u>[Signature]</u> | <u>7625 Overland Ave</u> <u>Burlington, WI</u> | <input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-5-11</u> |
| 8. <u>[Signature]</u> | <u>410 Tahoe Dr</u> <u>Burlington, WI</u> | <input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-5-11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Joan Fabbri, certify:

I reside at 9801 S. Fox Run Oak Creek WI 53154
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/5/11
(date)

[Signature]
(signature of circulator)

Please mail this form to Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1635

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>8715 36th AVE</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3-3-11</u> |
| 2. <u>[Signature]</u> | <u>8753-37th AVE</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3-3-11</u> |
| 3. <u>[Signature]</u> | <u>8733 36th AVE</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-3-11</u> |
| 4. <u>[Signature]</u> | <u>6829-35th AVE</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-3-11</u> |
| 5. <u>[Signature]</u> | <u>8727-36th AVE</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-3-11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Michael P. Henkes, certify:
(name of circulator)

I reside at 8727 36th AVE Kenosha
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

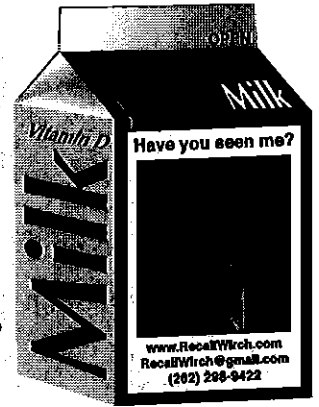
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. | 30147 ARROW DRIVE BURLINGTON, WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/31/11 |
| 2. | 30147 ARROW DRIVE Burlington, WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3-31-11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Harmony Triplett, certify:

(name of circulator)

I reside at 30147 Arrow Drive Burlington, WI (Town of Burlington)
53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

3/31/11

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

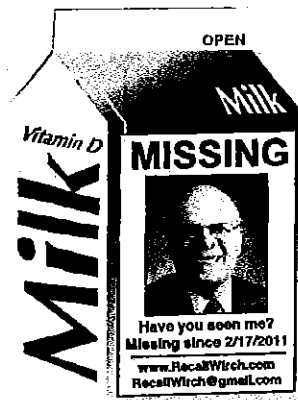
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Rebecca Perone</u> | <u>209 E. Market St #206</u> <u>Burlington, WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u> | <u>3/8/2011</u> |
| 2. <u>Samuel Amos</u> | <u>1096 Hidden Creek</u> <u>#202 Burlington</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u> | <u>3/8/2011</u> |
| 3. <u>Roger Fry</u> | <u>34520 Walburg Ln</u> <u>Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/8/11</u> |
| 4. <u>Mehri F. Bjorkstrom</u> | <u>1124 Hidden Creek Lane</u> <u>Burlington WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>3-10-11</u> |
| 5. <u>Lisa Bjorkstrom</u> | <u>1124 Hidden Creek Ln</u> <u>Burlington WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>3-10-11</u> |
| 6. <u>Pat Kubach</u> | <u>34532 Walburg La</u> <u>Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3-21-11</u> |
| 7. <u>Joe W. Hosenberg</u> | <u>9105 269th Ave</u> <u>Salem WI 53168</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u> | <u>3-22-11</u> |
| 8. <u>Full Dent</u> | <u>1313 Yelm Ave</u> <u>Union Grove WI 53180</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Union Grove</u> | <u>3-22-11</u> |
| 9. <u>Charles Kurlfuss</u> | <u>39014 90th St</u> <u>Powers Lake WI 53159</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pandall</u> | <u>3-27-11</u> |
| 10. <u>Mailek Butowski</u> | <u>40018-97th St</u> <u>Genoa City WI 53128</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pandall</u> | <u>3-27-11</u> |

Certification of Circulator

I, Joe W. Hosenberg, certify:

(name of circulator)

I reside at 9105 269th Ave Salem WI 53168

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-27-11
(date)

Joe W. Hosenberg
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1638

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|----------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Barbara J Clausi</u> | <u>6021-42 AV</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-25-11</u> |
| 2. <u>Anthony Clauri</u> | <u>6021-42 AV</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-25-11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Barbara J Clausi, certify:
(name of circulator)

I reside at 6021-42 AV Kenosha WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11
(date)

Barbara J Clausi
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Grace Faulkner</u> | <u>11417-28th Ave</u> <u>Pleasant Prairie WI</u> | <input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/25/11</u> |
| 2. <u>Claire Faulkner</u> | <u>11417-28th Ave.</u> <u>Pleasant Prairie WI</u> | <input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3-25-11</u> |
| 3. <u>Jon L. Faulkner</u> | <u>11417-28th Ave</u> <u>PLEASANT PRAIRIE WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u> | <u>3-31-11</u> |
| 4. <u>Christopher J. [unclear]</u> | <u>12059 43rd Ave</u> <u>PLEASANT PRAIRIE, WI.</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Pr.</u> | <u>3-31-11</u> |
| 5. <u>Shirley [unclear]</u> | <u>Pleasant Prairie WI</u> <u>12059 43rd AVE, 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Pr.</u> | <u>3-31-11</u> |
| 6. <u>Dustin [unclear]</u> | <u>12059 43rd AVE 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3-31-11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Grace Faulkner, certify:

(name of circulator)

I reside at 11417-28th Ave Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/31/11
(date)

Grace Faulkner
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Harry J. Wolbomin</u> | <u>1610 - 22ND STREET</u> <u>KENOSHA WISC. 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3-4-11</u> |
| 2. <u>Diana Wolbomin</u> | <u>5200 - 26th STREET</u> <u>Kenosha, WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3-4-11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, JEFFREY J. WOLBOMIR, certify:
(name of circulator)
I reside at 5200 - 26th STREET KENOSHA, WI 53144-1300
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-4-11
(date)

Jeffrey J. Wolbomin
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

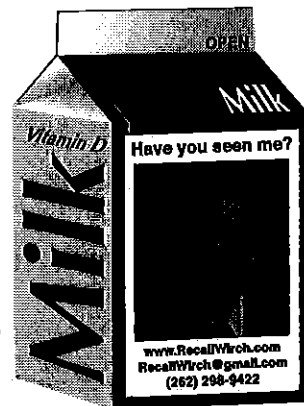
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>508 Westridge Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>4/1/2011</u> |
| 2. <u>[Signature]</u> | <u>508 Westridge Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>4/2/2011</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, JOHN WELSH, certify:
(name of circulator)

I reside at 508 WESTRIDGE AVE, BURLINGTON, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

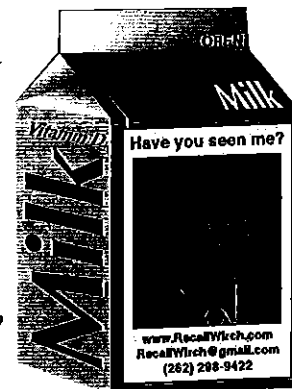
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|---------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Michelle Wright</u> | <u>26923 96th St</u> <u>Trevor WI 53179</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u> | <u>3/25/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Richard Simmons, certify:

(name of circulator)

I reside at 26923 96th St Trevor WI 53179

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-25-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

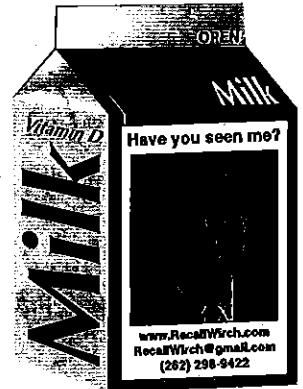
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>P. H. H. A.</u> | <u>1857-18th Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-25-11</u> |
| 2. <u>Florence Gutierrez</u> | <u>2562 18th St #12</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-25-11</u> |
| 3. <u>Gary Starr</u> | <u>1715-87th St</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-25-11</u> |
| 4. <u>Cathy Starr</u> | <u>1715-87th Street</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-25-11</u> |
| 5. <u>Maria Davis</u> | <u>2514-81st St</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-30-11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, GARY STARR, certify:

(name of circulator)

I reside at 1715-87th St Kenosha, WI 53143

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11
(date)

Gary Starr
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1644

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

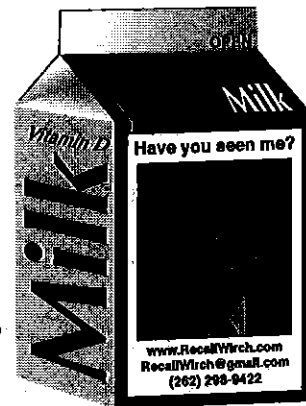
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>James J. Luedeke</u> | <u>1857 LANDRE CT</u> <u>BURLINGTON WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u> | <u>4/1/11</u> |
| 2. <u>Margaret J. Luedeke</u> | <u>1857 Landre ct</u> <u>Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>4/1/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, JAMES J. LUEDEKE, certify:

(name of circulator)

I reside at 1857 LANDRE CT BURLINGTON WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/1/11
(date)

James J. Luedeke
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(affidavit with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

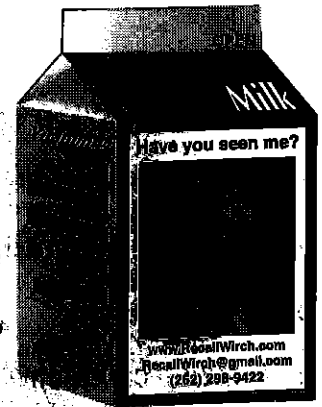
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|-------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Alicia Burgen</u> | <u>1225 Olivia Trl.</u> <u>Burlington, Wis.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>7/2/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Alicia Burgen, certify:

(name of circulator)

I reside at 1225 Olivia Trl., Burlington

(circulator's residence, include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date) 7/2/11

Alicia Burgen
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

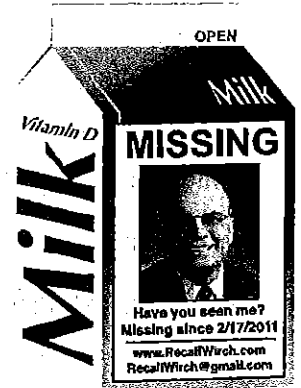
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>June E. Nelson</u> | <u>9136-42nd Ct.</u> <u>KENDOSHA, WI 53142</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PR</u> <input type="checkbox"/> City | <u>4-1-11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, JUNE E. NELSON, certify:

(name of circulator)

I reside at 9136-42nd Ct KENDOSHA, WI - PLEASANT PRAIRIE

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

APRIL 1, 2011

(date)

June E. Nelson

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Dea R. Solberg</u> | <u>26517 PARADISE DR</u> | <input checked="" type="checkbox"/> Town <u>BURLINGTON</u> | <u>3/30/11</u> |
| 2. <u>Dea Sol</u> | <u>4910 25th Ave</u> | <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Dea Solberg, certify:

(name of circulator)

I reside at 26517 PARADISE DR. BURLINGTON

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/11
(date)

Dea R. Solberg
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Phillip Cleveland</u> | <u>11515 1st St. Lot 143</u> <u>Sturtevant, WI 53177</u> | <input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/29/11</u> |
| 2. <u>Crica Zicarelli</u> | <u>2520 11th Pl Unit 212</u> <u>Kenosha WI 53140</u> | <input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-29-11</u> |
| 3. <u>[Signature]</u> | <u>2520 11th Pl Unit 212</u> <u>Kenosha WI 53140</u> | <input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-29-11</u> |
| 4. <u>Rosemary Cleveland</u> | <u>11515 1st St. Lot 143</u> <u>Sturtevant, WI 53177</u> | <input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-31-11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Phillip Cleveland **Certification of Circulator**

(name of circulator)

, certify:

I reside at 11515 1st St. Lot 143, Sturtevant WI 53177 Somers.

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/31/2011

(date)

[Signature]

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

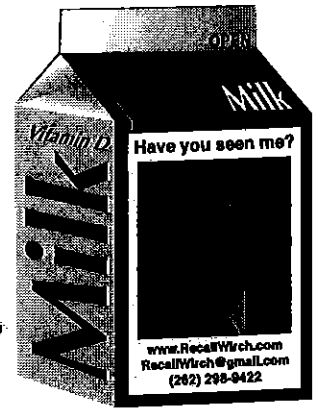
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Kathleen Sarauer</u> | <u>N6116 County ROAD 00</u> <u>Burlington - WI</u> | <input checked="" type="checkbox"/> Town <u>Spring Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-31-11</u> |
| 2. <u>Richard Sarauer</u> | <u>N6116 County ROAD 00</u> <u>BURLINGTON, WI</u> | <input checked="" type="checkbox"/> Town <u>SPRING PRAIRIES</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-31-11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Kathleen Sarauer, certify:

(name of circulator)

I reside at N6116 County ROAD 00 - Burlington-WI - Spring Prairie Township

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-1-2011
(date)

Kathleen Sarauer
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Sandra Sarantakis</u> | <u>40000 97th St</u> <u>Genoa City WI 53128</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>4-1-11</u> |
| 2. <u>[Signature]</u> | <u>40000 97th St</u> <u>Genoa City WI 53128</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>4-1-11</u> |
| 3. <u>[Signature]</u> | <u>40000 97th St</u> <u>Genoa City WI 53128</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>4-1-11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Sandra Sarantakis, certify:

I reside at 40000 97th Street Genoa City WI 53128
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-1-11
(date)

Sandra Sarantakis
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1651

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

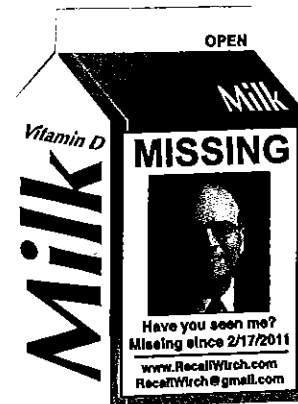
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Susan M. Childers</u> | <u>4619 88th Place</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>2/28/11</u> |
| 2. <u>Kenneth M. Hynson</u> | <u>10917 88th Street</u> <u>Pleasant Prairie, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>2/28/11</u> |
| 3. <u>Sandra Cister</u> | <u>8538 110th Avenue</u> <u>Pleasant Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>3/10/11</u> |
| 4. <u>Rash Cister</u> | <u>8538 110th Ave</u> <u>Pleasant Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>3/10/2011</u> |
| 5. <u>James E. G. Jander</u> | <u>9288 Creekside Cir.</u> <u>Pleasant Prairie 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>3/23/11</u> |
| 6. <u>Andrea Jander</u> | <u>9288 Creekside Cir.</u> <u>Pleasant Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>3/23/11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Julie Peterson, certify:

(name of circulator)

I reside at 8429 110th Ave, Pleasant Prairie, WI 53158

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11
(date)

Julie Peterson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1652

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

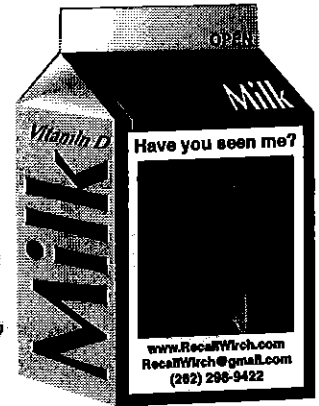
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Mark J Anderson</u> | <u>30520 CEDAR DR</u> <u>BURLINGTON, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u> | <u>4-2-11</u> |
| 2. <u>Lola Anderson</u> | <u>30520 Cedar Dr.</u> <u>Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>4/2/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, MARK J ANDERSON, certify:

(name of circulator)

I reside at 30520 CEDAR DR BURLINGTON WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-2-11
(date)

Mark J Anderson
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

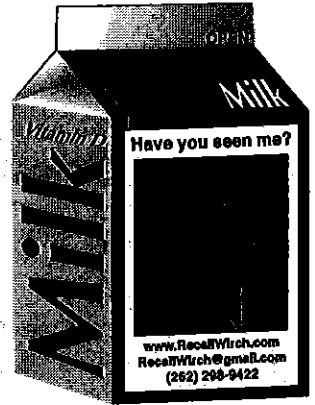
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>John M. Steinhoff</u> | <u>4332 Riverside Rd</u> <u>Waterford WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u> | <u>3/30/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, John M. Steinhoff, certify:
(name of circulator)
I reside at 4332 Riverside Rd, Waterford, Prairie City, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-30-11
(date)

John M. Steinhoff
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

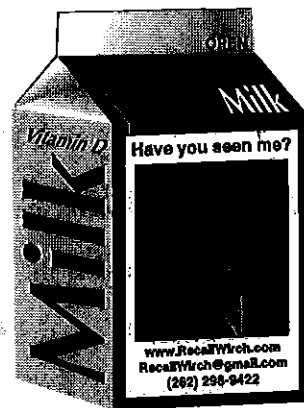
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|-------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <u>Philip H. Larson</u> | <u>316 Fox St Burlington, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/31/11</u> |
| <u>Romayne Larson</u> | <u>316 Fox St Burlington WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/31/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, ROMAYNE LARSON, certify:

(name of circulator)

I reside at 316 Fox St Burlington

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

3/31/11

(signature of circulator)

Romayne Larson

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1655

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

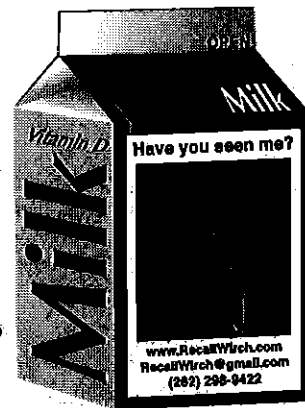
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Renee Boyle</u> | <u>11726 333rd Ave.</u> <u>Twin Lakes, WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>4/2/11</u> |
| 2. <u>[Signature]</u> | <u>11726 333rd Ave.</u> <u>Twin Lakes, WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>4/2/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Renee Boyle, certify:

(name of circulator)

I reside at 11726 333rd Ave, Twin Lakes, WI 53181

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

4/2/11

(signature of circulator)

Renee Boyle

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1656

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

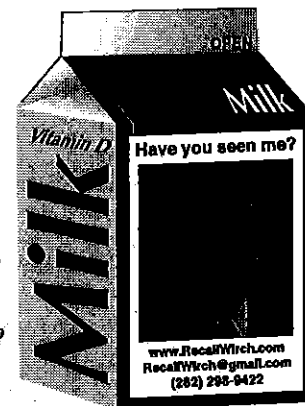
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Ronald Jensen</u> | <u>38315 87th Pl</u> <u>Burlington WI 53108</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u> | <u>April 1, 2011</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Ronald Jensen, certify:

I reside at 38315 87th Pl Randall, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

April 1, 2011
(date)

Ronald Jensen
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

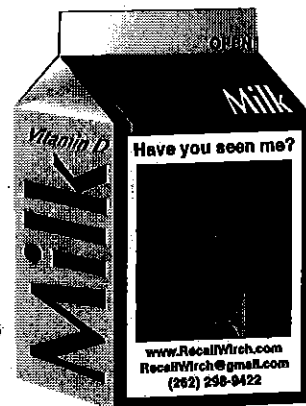
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Edward J. Multhauf</u> | <u>2209 Browns Lake Dr</u> <u>apt #111 / Burlington</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>4/1/11</u> |
| 2. <u>Carolyn Multhauf</u> | <u>2209 Browns Lake Dr</u> <u>apt #111 / Burlington</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>4/1/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Carolyn Multhauf, certify:

(name of circulator)

I reside at: 2209 Browns Lake Dr #111 Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

4/2/11

(signature of circulator)

Carolyn Multhauf

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Matthew D. Chandler</u> | <u>1324 40th Avenue</u> <u>Kenosha, WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/11</u> |
| 2. <u>Kellie F. Chandler</u> | <u>1324 40th Ave.</u> <u>Kenosha, WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-30-11</u> |
| 3. <u>[Signature]</u> | <u>1323 40th Ave</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/30/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Matthew D. Chandler, certify:

(name of circulator)

I reside at 1324 40th Avenue, Kenosha, WI 53144

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/30/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1659

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

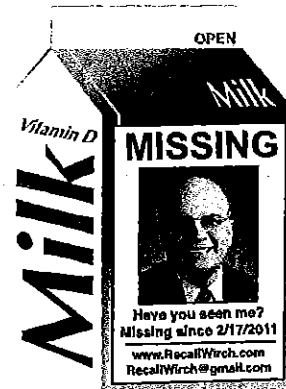
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Kathy Mylin</u> | <u>1611 111th St.</u> | <input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> | <u>3/27/11</u> |
| 2. <u>[Signature]</u> | <u>3231 108th Pl.</u> | <input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> | <u>4/3/11</u> |
| 3. <u>[Signature]</u> | <u>12617 22nd St</u> | <input checked="" type="checkbox"/> Town <u>Brimley</u> | <u>4/3/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Jonathan Steitz

(name of circulator)

, certify:

I reside at 12262 38th Avenue, Pleasant Prairie, WI 53158

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

April 5, 2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

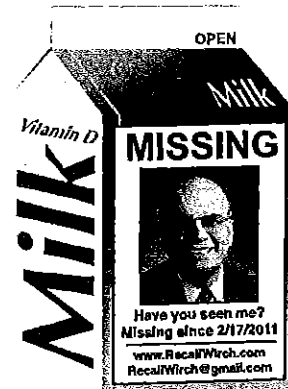
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Robert Funk</u> | <u>4729-83rd Place</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/27/11</u> |
| 2. <u>Joe D...</u> | <u>7900 COOPER ROAD</u> <u>Kenosha WI 53142</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/27/11</u> |
| 3. <u>Scott D...</u> | <u>9230 48th Ave</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/27/11</u> |
| 4. <u>Chris Hargis</u> | <u>6916 64th Ave</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/27/11</u> |
| 5. <u>Munitha A. M...</u> | <u>9230 48th Avenue</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/27/11</u> |
| 6. <u>Paul Hutter</u> | <u>1011 111th St.</u> <u>Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/27/11</u> |
| 7. <u>Rochelle H. Dahlstrom</u> | <u>7536 14th Ave</u> <u>Kenosha, WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/27/11</u> |
| 8. <u>Mike J...</u> | <u>10905-32 Ave</u> <u>Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/27/11</u> |
| 9. <u>Mr M</u> | <u>8417 84th Ave</u> <u>Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3.27.11</u> |
| 10. <u>June A. G...</u> | <u>8717 8th St</u> <u>Pleasant Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>03.27.11</u> |

Certification of Circulator

I, Jonella Statti, certify:

(name of circulator)

I reside at 12262 38th Avenue, Pleasant Prairie, 53158

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

April 5, 2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

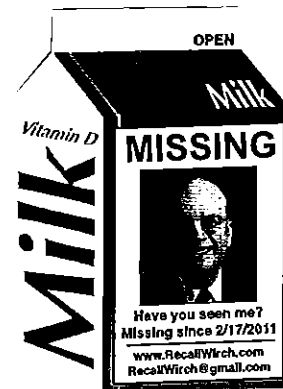
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Mr. J. Daugherty</u> | <u>578 Tower St.</u> <u>Burlington, WI 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>4/2/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, ROBERT DAUGHERTY, certify:
(name of circulator)

I reside at 518 TOWER ST BURLINGTON
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-3-11
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

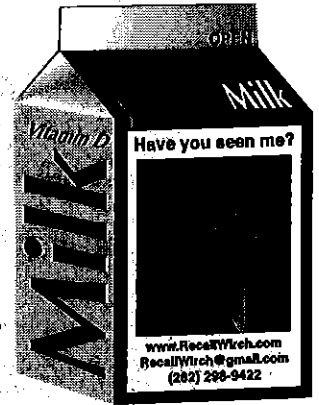
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Jeff S. Voss</u> | <u>248 CONKEY ST.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>4-2-11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Jeff S. Voss, **Certification of Circulator**, certify:

(name of circulator)

I reside at 248 CONKEY ST. Burlington WI. 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

4-2-11

(signature of circulator)

Jeff S. Voss

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

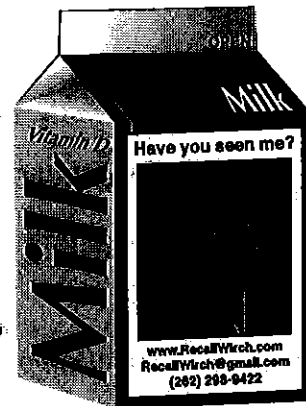
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Thomas Lueck</u> | <u>33325 118TH ST</u> <u>TWIN LAKES WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u> | <u>3/31/11</u> |
| 2. <u>Joyce Lueck</u> | <u>33325 118th St</u> <u>Twin Lakes, WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>3/31/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, THOMAS LUECK, certify:
(name of circulator)

I reside at: 33325 118TH ST RANDALL
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/11
(date)

Thomas Lueck
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

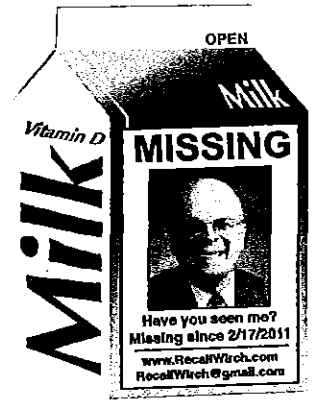
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|----------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Noel Karow</u> Noel Karow | <u>8815 Karow Rd.</u> <u>Twin Lakes WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>2-27-11</u> |
| 2. <u>Donna M. Karow</u> DONNA M. KAROW | <u>8815 KAROW Rd.</u> <u>TWIN LAKES WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u> | <u>2-27-11</u> |
| 3. <u>Patricia Karow</u> PATRICIA KAROW | <u>8785 KAROW Rd.</u> <u>TWIN LAKES WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u> | <u>3-5-11</u> |
| 4. <u>Rick Sarbacher</u> Rick Sarbacher | <u>8850 KAROW Rd.</u> <u>Twin Lakes WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u> | <u>3-5-11</u> |
| 5. <u>Fred Sarbacher</u> FRED SARBACHER | <u>34306 BASSETT Rd</u> <u>BASSETT WI 53101</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u> | <u>3-5-11</u> |
| 6. <u>Lawrence R Richter</u> Lawrence R Richter | <u>12017 33rd Ave</u> <u>Twin Lakes WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>3-5-11</u> |
| 7. <u>Phyllis Balding</u> Phyllis Balding | <u>34431 BASSETT RD</u> <u>BASSETT WI 53101</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>3-5-11</u> |
| 8. <u>Faith Lydford</u> Faith Lydford | <u>220 HWY 2</u> <u>Twin Lakes WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>3-5-11</u> |
| 9. <u>Jim Snyder</u> Jim Snyder | <u>10811 336th Ave</u> <u>Twin Lakes WI 53181</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>3-21-11</u> |
| 10. <u>Jim Snyder</u> Jim SNYDER | <u>TWIN LAKES WI 53181</u> <u>10811 336th Ave</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u> | <u>4/2/11</u> |

Certification of Circulator

I, Noel T Karow, certify:
(name of circulator)

I reside at 8815 Karow Rd. Twin Lakes WI 53181
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-2011
(date)

Noel T Karow
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1665

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

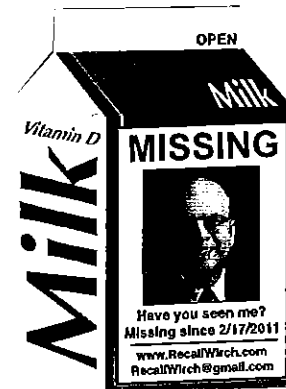
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Lois Baehler</u> | <u>30025 Mound Burlington WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/8/11</u> |
| 2. <u>Charles Cook</u> | <u>30025 Mound Burlington WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/8/11</u> |
| 3. <u>Unknown</u> | <u>26307-11551 ICE VILLAGE, WI 53101</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u> | <u>3-11-11</u> |
| 4. <u>Margaret Rosta</u> | <u>32914 S. Lakeshore Dr. Burlington WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3-11-11</u> |
| 5. <u>Thomas J. McGrath</u> | <u>417 Randolph St. Burlington WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3-11-11</u> |
| 6. <u>Terry McCarthy</u> | <u>417 Randolph St Burlington WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>3-11-11</u> |
| 7. <u>John McCarthy</u> | <u>417 Randolph St Burlington WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u> | <u>3-11-11</u> |
| 8. <u>[Signature]</u> | <u>40127-9561 Silver Lake WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall Powers Lake</u> | <u>3-11-11</u> |
| 9. <u>John Dyk</u> | <u>4012709th St Brady, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall Powers Lake</u> | <u>3-11-11</u> |
| 10. <u>[Signature]</u> | <u>40424 428th St Twin Lakes, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u> | <u>3-11-11</u> |

Certification of Circulator

I, Lambert Remer, certify:
(name of circulator)

I reside at 30020 Mound Dr Burlington WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/11/11
(date)

Lambert Remer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Donna Titzer</u> | <u>8807 Fishman Rd</u> <u>Burlington WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>4/1/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Donna Titzer **Certification of Circulator**, certify:

I reside at 8807 Fishman Rd, Burlington WI 53105
(name of circulator)
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

4/1/11

(signature of circulator)

Donna Titzer

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

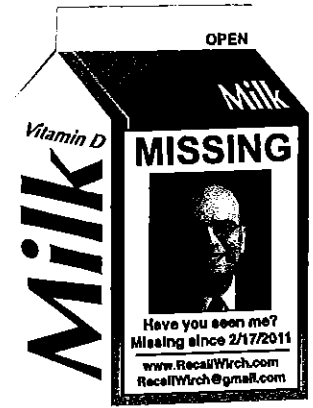
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Natalie Lamey</u> | <u>8622 235th Ave.</u> <u>Salem, WI</u> | <input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/9/11</u> |
| 2. <u>Damian Lamey</u> | <u>8622 235th Ave</u> <u>Salem, WI</u> | <input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/21/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Natalie Lamey, certify:
(name of circulator)

I reside at 8622 235th Ave. Salem, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/3/11
(date)

Natalie Lamey
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1668

RECALL PETITION

TO: **Wisconsin Government Accountability Board**

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22nd Wisconsin State Senate District**

(jurisdiction or district of officeholder)

petition for the recall of **Robert Wirch 22nd District State Senate of Wisconsin**

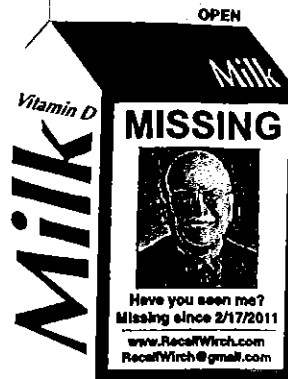
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Kay M. Ulan</i> | 3731 - 109th St Pleasant Prairie WI 53151 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant prairie | 3-17-2011 |
| 2. <i>L. M. Oe</i> | 3731 - 109th St Pleasant Prairie WI. | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant prairie | 3-17-2011 |
| 3. <i>Robert P. Gehr</i> | 5301 - 22 St Kenosha WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 3-21-11 |
| 4. <i>Michelle Christensen</i> | 6203 - 60th St Kenosha WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 4-1-11 |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Thomas L. Gehring (name of circulator) certify:

I reside at 14404 - 104th St - Kenosha, WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-1-11
(date)

Thomas L. Gehring
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1669

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

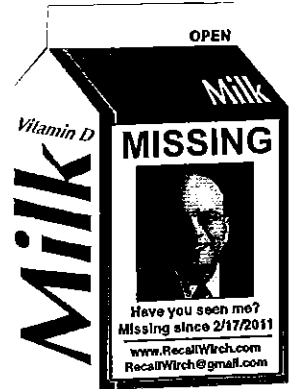
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Lina Wilson</u> | <u>832 Cedar Dr.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/24/11</u> |
| 2. <u>Bob Eroni</u> | <u>1101 Rockridge Rd</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/24/11</u> |
| 3. <u>Quinn Hanson</u> | <u>1101 Rock Ridge Rd</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/25/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Kelly Hanson, certify:

(name of circulator)

I reside at 1101 Rock Ridge Rd Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/25/11
(date)

Kelly Hanson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

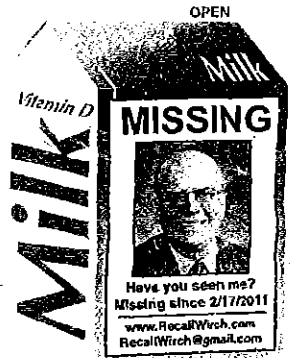
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Lori Aldenbury</u> | <u>7819 McHenry St.</u> <u>Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3-24-11</u> |
| 2. <u>Rocio E. Aldenbury</u> | <u>7819 McHenry St.</u> <u>Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3-24-11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Lori A. Vanchena, certify:

(name of circulator)

I reside at 3536-14th Street, Kenosha, WI 53144-2979

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-1-11
(date)

Lori A. Vanchena
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

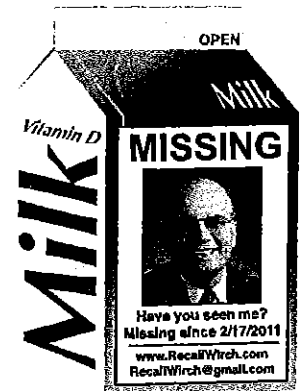
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Edward C. Moder III</u> | <u>3107 KING CIRCLE</u> | <input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u> | <u>3/24/11</u> |
| 2. <u>Constance Macle</u> | <u>3107 King Circle</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWINLAKES</u> | <u>3/24/11</u> |
| 3. <u>Margaret H. der</u> | <u>3107 KING CIRCLE</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u> | <u>3/28/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, EDWARD C MODER III, certify:

(name of circulator)

I reside at 3107 KING CIRCLE, TWINLAKES WI 53181

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/4/11
(date)

Edward C. Moder III
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1672

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <u>Beverly J. Barnett</u> | <u>39921 90th Place</u> <u>Kenosha City WI 53128</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u> | <u>3-25-11</u> |
| 2. <u>Randall Adams</u> | <u>6514 7th Ave</u> <u>Kenosha WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-25-11</u> |
| 3. <u>John J. Lewis</u> | <u>6514 7th Ave</u> <u>Kenosha WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KEENOSHA</u> | <u>3-25-11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Beverly J. Barnett

(name of circulator)

, certify:

I reside at 39921 90th Pl.

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11
(date)

Beverly J. Barnett
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1673

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|---------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Mary Merfeld</u> | <u>2230 47 Ave</u> <u>Kenosha, WI 53144</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u> | <u>3/27/11</u> |
| 2. <u>Frances Merfeld</u> | <u>2230-47 Ave</u> <u>Kenosha, WI 53144</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u> | <u>3/27/11</u> |
| 3. <u>Donell R. Meib</u> | <u>15 KENOSHA 53140</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>3/29/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Merrill F. Mefeld, certify:

(name of circulator)

I reside at 2230 - 47 Ave Kenosha WI 53144

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/30/11
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1674

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

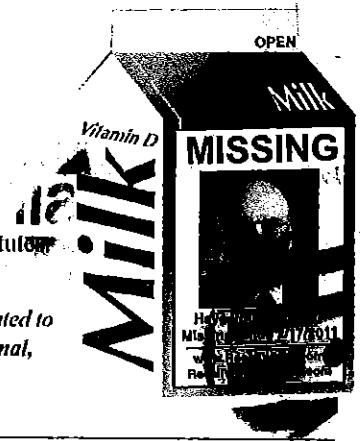
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>9902 81st Place</u> <u>Pleasant Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>3/17/11</u> |
| 2. <u>[Signature]</u> | <u>9305 67th St</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/17/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, James A. Pasternak, certify:

(name of circulator)

I reside at 9305 67th St, Kenosha WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/1/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>9000-226th Ct 1B</u> <u>Salem, WI 53168</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u> | <u>3-8-11</u> |
| 2. <u>[Signature]</u> <u>HALL</u> | <u>6325-184 Ave.</u> <u>BRISTOL, WI 53104</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u> | <u>3-10-11</u> |
| 3. <u>[Signature]</u> | <u>9000 226th Ct 1B</u> <u>Salem, WI 53168</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u> | <u>3-16-11</u> |
| 4. <u>[Signature]</u> | <u>416 S. Cogswell Dr.</u> <u>Silver Lake, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER LAKE</u> | <u>3-23-11</u> |
| 5. <u>[Signature]</u> | <u>416 S. Cogswell Dr.</u> <u>Silver Lake, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER LAKE</u> | <u>3-23-11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, MARY RIVERS Certification of Circulator, certify:

I reside at 9000-226th Ct, Unit 1B, Salem, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

April 3, 2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

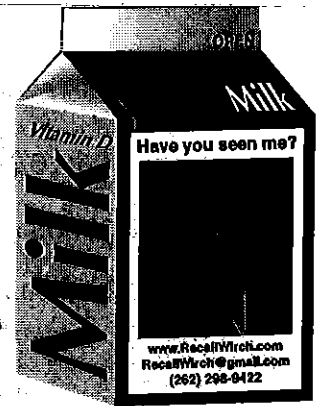
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Denis M. Hansen</u> | <u>170 Waters Edge Circle</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Burlington</u> <input type="checkbox"/> City | <u>3.3.11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Denis M. Hansen

(name of circulator)

, certify:

I reside at 170 Waters Edge Circle, Burlington, Wisconsin 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 3, 2011

(date)

Denis M. Hansen

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Jim L</u> | <u>2610 Red Oak Dr</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/31/11</u> |
| 2. <u>Beverly Lopez</u> | <u>2610-Red Oak Dr.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>3/31/11</u> |
| 3. <u>[Signature]</u> | <u>2610 Red Oak Dr</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>4/1/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Joshua Kuehn **Certification of Circulator**, certify:

I reside at 2610 Red Oak Dr Burlington WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-1-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1678

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. Pamela Fish | 3614 Lake St Burlington, WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3-2-11 |
| 2. Corydon Fish | 3614 Lake St Burlington, WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/23/11 |
| 3. Lori Gallenberg | 35108 Belair Dr. Burlington WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/23/11 |
| 4. CRAIG FOX | 29638 Ketterhagen Rd Burlington WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/25/11 |
| 5. Patricia A. Staeger | 3620 Lake St Burlington, WI 53105 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 3/27/11 |
| 6. Dale L. Welke | 30822 Ketterhagen Burlington, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 4/13/11 |
| 7. Monica Welke | 30822 Ketterhagen Burlington WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 4-3-11 |
| 8. Kelsey L Welke | 30822 Ketterhagen Rd Burlington, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington | 4-3-11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Brian Fish, certify:

I reside at 3614 LAKE ST Burlington WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1679

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Debra D. Manyan</u> | <u>9005 Lake Park Dr</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Genoa City</u> | <u>4/2/11</u> |
| 2. <u>Robert F. Manyan</u> | <u>9005 Lake Park Dr</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Genoa City</u> | <u>4/2/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Debra D. Manyan, **Certification of Circulator**, certify:
(name of circulator)
I reside at 9005 Lake Park Dr Genoa City WI 53128
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/2/11
(date)

Debra D. Manyan
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

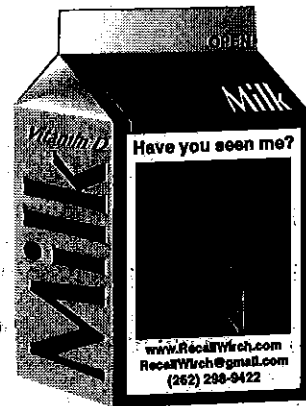
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Kristie Fitzgerald</u> | <u>832 Teutonia Dr Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>4/01/11</u> |
| 2. <u>[Signature]</u> | <u>832 Teutonia Dr Burlington, WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>4/01/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Kristie Fitzgerald **Certification of Circulator**

certify:

I reside at 832 Teutonia Dr Burlington WI 53105 City of Burlington
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/1/11
(date)

Kristie Fitzgerald
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Janet Ontario</u> | <u>4414 88th place</u> <u>Kenosha WI 53142</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>3/30/11</u> |
| 2. <u>John M. Sidor</u> | <u>3319 15th Street</u> <u>APT. 2B</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Somers</u> | <u>3/30/11</u> |
| 3. <u>Chris Magluch</u> | <u>11306-9th Ave</u> <u>Pleasant Prairie WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/30/11</u> |
| 4. <u>Michael [unclear]</u> | <u>2017-6th St</u> <u>Kenosha WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-30-11</u> |
| 5. <u>Anthony [unclear]</u> | <u>6913 WOLACK LAKE</u> <u>BURLINGTON WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u> | <u>3/30/11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, ROBERT LEIPZIG **Certification of Circulator**, certify:
(name of circulator)

I reside at 8707-10th SOMERS WI 53171
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>17th street apt #7</u> <u>Kenosha, WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/11</u> |
| 2. <u>[Signature]</u> | <u>2001 N. Alford Park Dr.</u> <u>Kenosha, WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/30/11</u> |
| 3. <u>[Signature]</u> | <u>3524 7th Ave</u> <u>Kenosha WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/30/11</u> |
| 4. <u>[Signature]</u> | <u>5923 6th Place</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Somers</u> | <u>3/30/11</u> |
| 5. <u>[Signature]</u> | <u>612 15th Pl #1</u> <u>Kenosha 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>03/30/11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Jacqueline F Leipzig, certify:
(name of circulator)

I reside at 8707-10th Pl Somers
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11
(date)

Jacqueline F Leipzig
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1683

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Nathan Peterson</u> | <u>7840 - 19th Ave</u> <u>Kenosha, WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>02/24/11</u> |
| 2. <u>Nicole A. Alcala</u> | <u>2523-31st Street</u> <u>Kenosha, WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>2/24/11</u> |
| 3. <u>Tom Giles</u> | <u>501 49 AVE</u> <u>KENOSHA WI 53144</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u> | <u>2/24/11</u> |
| 4. <u>JEANNE SCRUGGS</u> | <u>565-49 Ave</u> <u>Kenosha WI 53144</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u> | <u>2/24/11</u> |
| 5. <u>RAMON SERRANO</u> | <u>KENOSHA 53144</u> <u>5021-46 Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>2/24/11</u> |
| 6. <u>Suzi Wilman</u> | <u>3200 Roberts St.</u> <u>Burlington WI 53105</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u> | <u>2/24/11</u> |
| 7. <u>J. Koj</u> | <u>627 HILKINE DR</u> <u>BURLINGTON 53105</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u> | <u>2/28/11</u> |
| 8. <u>Maria C. Serrano</u> | <u>5021-46th Ave</u> <u>Kenosha WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>2/28/11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, J. Thomas Giles III **Certification of Circulator** J. Thomas Giles III, certify:
(name of circulator)
I reside at 501 49 AVE KENOSHA WI 53144 SOMERS
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

APR 3, 2011
(date)

J. Thomas Giles III
(signature of circulator)

Please mail this form to Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|---------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Danisha Lunn</u> | <u>1202-243 CT</u> <u>Salem WI 53168</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u> | <u>3-27-11</u> |
| 2. <u>Calvin Sigman</u> | <u>1015 Meadow DR.</u> <u>Silver Lake WI 53170</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u> | <u>3-27-11</u> |
| 3. <u>Rob Baughman</u> | <u>4345-235th AVE</u> <u>Paddock Lake WI 53168</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u> | <u>3/27/11</u> |
| 4. <u>Suzanne Attland</u> | <u>24855 104th St</u> <u>TREVOR WI 53179</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TREVOR</u> | <u>3-27-11</u> |
| 5. <u>James Heelan</u> | <u>26855 104th St</u> <u>TREVOR WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u> | <u>3-27-11</u> |
| 6. <u>Wm P. Muhli</u> | <u>24907 69TH STREET</u> <u>PADDOCK LAKE WI 53168</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PADDOCK LAKE</u> | <u>3-27-11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Matt Endres, certify:

(name of circulator)

I reside at 1107 53rd St. Apt. 3203 Kenosha, WI 53140

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-27-11
(date)

Matt Endres
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

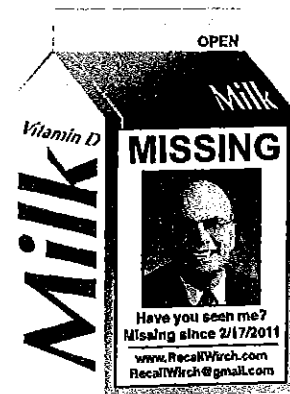
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|-----------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Sandra Caputo</u> | <u>425- 8th Pl</u> | <input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/2/11</u> |
| 2. <u>Phyllis Piro</u> | <u>408 9th St</u> | <input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/2/11</u> |
| 3. <u>Robert L. Schief</u> | <u>422 7th St</u> <u>KENOSHA</u> | <input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/2/11</u> |
| 4. <u>Janice Marfin</u> | <u>417 9th St</u> | <input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/2/11</u> |
| 5. <u>Margaret McMillan</u> | <u>908 Sheridan Ave</u> <u>KENOSHA WI</u> | <input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4-2-11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, RONALD K. EDQUIST, certify:

(name of circulator)

I reside at 1250 9th Ave Kenosha

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/3/11
(date)

Ronald K. Edquist
(signature of circulator)

Please mail this form to:

- Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

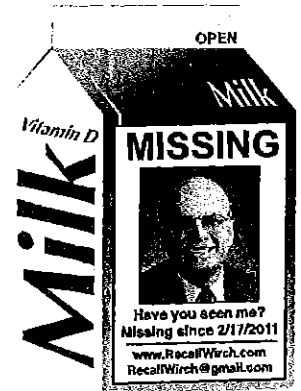
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>[Signature]</u> | <u>732 Sheridan Rd #202</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u> | <u>4-2-11</u> |
| 2. <u>Florence Bingham</u> | <u>756 Sheridan Rd</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u> | <u>4-2-11</u> |
| 3. <u>U. M. Shuckles</u> | <u>404 8th St</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u> | <u>4/2/11</u> |
| 4. <u>Jane D Pancuk</u> | <u>434 8th St</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u> | <u>4/2/11</u> |
| 5. <u>[Signature]</u> | <u>415 8th St</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u> | <u>4/2/11</u> |
| 6. <u>Barbara Vogel</u> | <u>418-8TH ST</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u> | <u>4/2/11</u> |
| 7. <u>Dennis J. Fisher</u> | <u>424 8th St</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u> | <u>4-2-11</u> |
| 8. <u>George Horne</u> | <u>875 SHERIDAN RD.</u> <u>KENOSHA, WI 53140</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u> | <u>4-2-11</u> |
| 9. <u>Carol Matley</u> | <u>432 8th Ave</u> <u>Kenosha, WI 53140</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u> | <u>4-2-11</u> |
| 10. <u>Linda Dwyer</u> | <u>4451 8th Pl</u> <u>Kenosha</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somar</u> | <u>4/2/11</u> |

Certification of Circulator

I, Ronald K Edquist, certify:

(name of circulator)

I reside at 1250 95th Ave Kenosha

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/3/11
(date)

Ronald K Edquist
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

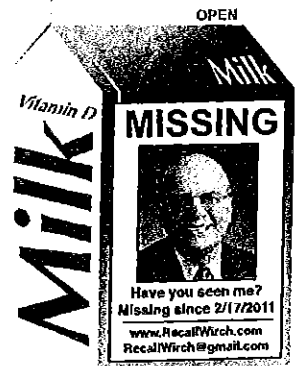
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. Mike McCarty | 10310 - 28th Ave Pleasant Prairie, WI | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4-2-11 |
| 2. Judy Balch | 9900-28 Ave Pl. Prairie, WI | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4/2/11 |
| 3. Judy Nelson | 10330 - 29th Ave P. Prairie | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4/2/11 |
| 4. John Stoth | 10208 29th Ave. Pleasant Prairie | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4/2/11 |
| 5. Bob Berber | 10200 29th Ave PLEASANT PRAIRIE | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4/2/11 |
| 6. Kathy Sauerland | 10244 29th Ave Pleasant Prairie | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4-2-11 |
| 7. Heather Tyn | 10124 29th Ave PLEASANT PRAIRIE | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4-2-11 |
| 8. Renee Wauson | 10120 29th Ave Pleasant Prairie | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4-2-11 |
| 9. Elizabeth Johnson | 10120 29th Ave Pleasant Prairie | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4-2-11 |
| 10. Kathleen Pfeiffer | 9816 29th Ave Pleasant Prairie | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4-2-11 |

Certification of Circulator

I, Dennis A. Gasper, certify:

(name of circulator)

I reside at N6287 River Heights Dr, Plymouth, WI 53073

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11
(date)

Dennis A. Gasper
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

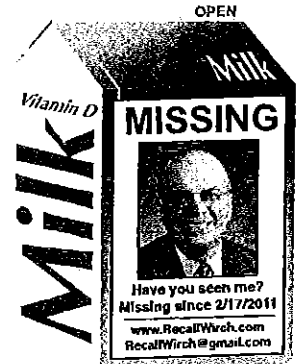
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Kenn Restoras</u> | <u>7728 105th AVE</u> <u>Pl. Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Prairie</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 2. <u>DN</u> | <u>7728 105th AVE.</u> <u>Pleasant Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Prairie</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 3. <u>Kathy Acobey</u> | <u>7768 105th AVE</u> <u>Pl. Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Prairie</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 4. <u>[Signature]</u> | <u>10620 79th St</u> <u>Pleasant Pr. WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 5. <u>Susan Vigansty</u> | <u>10730 79th St</u> <u>Pleasant Prairie 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 6. <u>Pete Cobel</u> | <u>11004 - 79th St.</u> <u>Pleasant Prairie 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 7. <u>Dana Merkes</u> | <u>11104 79th St</u> <u>Pleasant Prairie 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 8. <u>Sara Merkes</u> | <u>" "</u> <u>" "</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 9. <u>KYDIA GRIFFIN</u> | <u>7963 109th Ave.</u> <u>Pleasant Prairie, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 10. <u>Bill Plutchok</u> | <u>11406 79th Pl</u> <u>P. P. WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>" "</u> <input type="checkbox"/> City | <u>4/2/11</u> |

Certification of Circulator

I, Crystal Ivy, certify:

(name of circulator)

I reside at 3671 S. 82nd St. Milwaukee, WI 53220

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-2-11

(signature of circulator)

Crystal Ivy

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

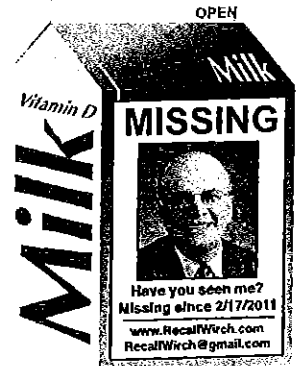
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Robert M. Wirch</u> | <u>10450 77th St.</u> <u>Pleasant Prairie 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>30 April</u> |
| 2. <u>Steve Kuntz</u> | <u>7716 105th Ave</u> <u>PL. PRAIRIE 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>2 APR 11</u> |
| 3. <u>Steve Kuntz</u> | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. <u>Wally Starn</u> | <u>10514 79th St</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 5. <u>Kim Emeo</u> | <u>10742 - 79th St</u> <u>Pleasant Prairie 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 6. <u>Steve Kuntz</u> | <u>816-1134th Ave</u> <u>PL. PRAIRIE WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PL. PRAIRIE</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 7. <u>Annara Johnson</u> | <u>7857-115th Avenue</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PL PRAIRIE</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 8. <u>Steve Kuntz</u> | <u>11327-79th St</u> <u>Pleasant Pr, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PL. PRAIRIE</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 9. <u>Roy Kley</u> | <u>11327-77th St.</u> <u>Pleasant Pr, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PL PRAIRIE</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 10. <u>Roy Kley</u> | <u>7923 112th Ave</u> <u>Pleasant Prairie WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant PRAIRIE</u> <input type="checkbox"/> City | <u>4/2/11</u> |

Certification of Circulator

I, Caroline A. Katzer, certify:

(name of circulator)

I reside at 12716 257th Ave, Trevor, WI 53179, town of Salem

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

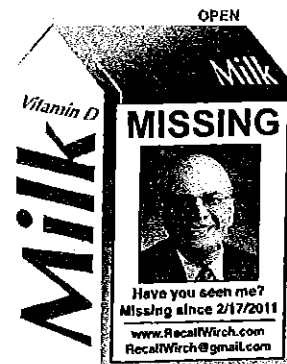
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>[Signature]</u> | <u>11305 79th Pl</u> <u>Pleasant Prairie</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>4/2/2011</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Caroline A. Katzer, certify:

(name of circulator)

I reside at 12716 257th Ave, Trevor, WI 53179, town of Salem

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-2-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

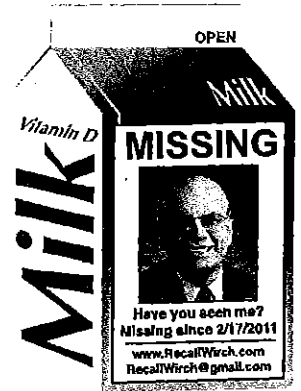
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Nick Sanchez</u> | <u>9800 29th Ave</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 2. <u>[Signature]</u> | <u>2912-104th St</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 3. <u>Thomas Shmidt</u> | <u>1035-29th Ave</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pl. Pr</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 4. <u>[Signature]</u> | <u>10105 29th Ave</u> <u>Pleasant Prairie, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 5. <u>[Signature]</u> | <u>3214 104th St</u> <u>Pleasant Prairie, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Pr</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 6. <u>[Signature]</u> | <u>3010 104th St</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Pr</u> <input type="checkbox"/> City | <u>4/2/2011</u> |
| 7. <u>[Signature]</u> | <u>10225 33rd Ave</u> <u>Pleasant Pr. WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Pr.</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Dennis A. Gasper, certify:

(name of circulator)

I reside at 16287 River Heights Dr Plymouth, WI 53073

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

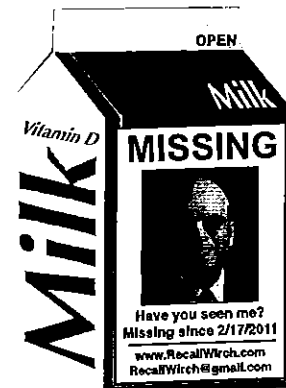
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <i>[Signature]</i> | 11025 88TH ST P.P. 53158 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4/3/11 |
| 2. <i>[Signature]</i> | 11025 88TH ST P.P. 53158 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " <input type="checkbox"/> City | 4/2/11 |
| 3. <i>[Signature]</i> | 10907 8851 PP 53158 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " <input type="checkbox"/> City | 4/2/11 |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Wendy Nemmon, certify:
(name of circulator)

I reside at Somers 511 13th St.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Apr. 2 11
(date)

Wendy Nemmon
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

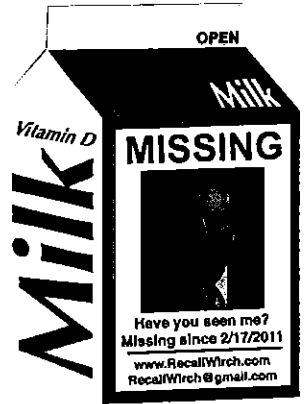
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Chris Bunge</u> | <u>8611 113th Ave</u> <u>Pleasant 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>4/2/11</u> |
| 2. <u>JERRY KUIGI</u> | <u>8738 113th</u> <u>P.P.W 53158</u> | <input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>4/2/11</u> |
| 3. <u>Giuseppe Miceli</u> | <u>1124 88th</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>4/2/11</u> |
| 4. <u>Carolina Merli</u> | <u>1124 88th</u> <u>Pleasant Pr, WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Pr.</u> | <u>4/2/11</u> |
| 5. <u>Tim L</u> | <u>11030 87th St</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Pr.</u> | <u>4/2/11</u> |
| 6. <u>Nicole P. Wolfer</u> | <u>11001 88th St.</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Pr.</u> | <u>4/2/11</u> |
| 7. <u>Maria L. Barone</u> | <u>10920 88th St</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Pr</u> | <u>4/2/11</u> |
| 8. <u>Brad Blocket</u> | <u>11028 87th St</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Pr</u> | <u>4/2/11</u> |
| 9. <u>Cherene McComick</u> | <u>11035 87th St</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Pr</u> | <u>4/2/11</u> |
| 10. <u>William Macosonick</u> | <u>11035 87th St</u> <u>PLEASANT</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT Pr.</u> | <u>4/2/11</u> |

Certification of Circulator

I, JOHN K. POOLE, certify:

(name of circulator)

I reside at 6245 237th Ave Paddock Lake, WI 53168

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/2/11

(signature of circulator)

John K. Poole

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

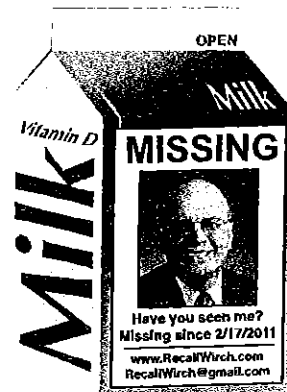
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|-------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>SUSAN JACOBSS</u> | <u>8619 11th Ave</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 2. <u>Dale Tetzlaff</u> | <u>" " "</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>" "</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 3. <u>Michael Krupp</u> | <u>11201 - 26th St</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, JOHN K. PROCK, certify:

(name of circulator)

I reside at 6245 - 237TH AVE PLOUVER LAKE, WI 53168

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/2/11

(signature of circulator)

John K. Prock

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

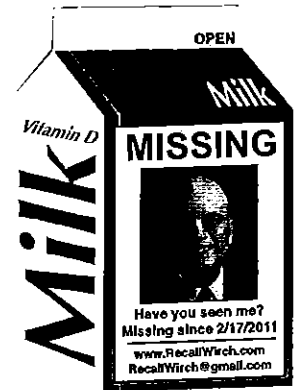
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>Stephen Stranka</u> | <u>5612 73rd St, Kenosha</u> | <input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>4/2/11</u> |
| 2. <u>STEVEN CIMA</u> | <u>5933 PERSHING</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>KENOSHIA</u> <input checked="" type="checkbox"/> City | <u>02 APR 11</u> |
| 3. <u>Sheree Hagen</u> | <u>212 W. NORTH ST Silver Lake, WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Silver Lake</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 4. <u>DAVID KRUSZELNICKI</u> | <u>8555 31st AVE KENOSHA</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>KENOSHA</u> <input checked="" type="checkbox"/> City | <u>4/2/11</u> |
| 5. <u>ROBERT PONTILLO</u> | <u>10901-84 ST PLEASANT PRAIRIE</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4-2-11</u> |
| 6. <u>Ronald J. Whitfield</u> | <u>1765 19th AVE KENOSHA</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City | <u>4/2/11</u> |
| 7. <u>Chad</u> | <u>6921 13th AVE KENOSHA, WI 53143</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City | <u>4/2/11</u> |
| 8. <u>[Signature]</u> | <u>10016 64th ST KENOSHA, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>KENOSHA</u> <input checked="" type="checkbox"/> City | <u>4/2/11</u> |
| 9. <u>Don M. Pih</u> | <u>8550 108th Avenue Pleasant Prairie, WI 53156</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City | <u>4/2/11</u> |
| 10. <u>Edgar Nig</u> | <u>9700-64th Street Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/11</u> |

Certification of Circulator

I, Philip Boehmke, certify:
(name of circulator)

I reside at 3312 Hidden Lake Dr Woodstock IL 60098
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

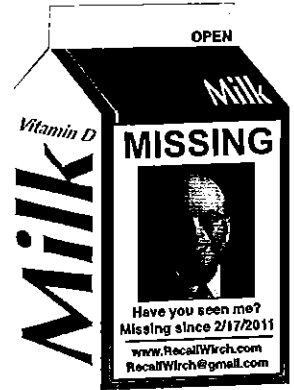
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|----------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <u>Lorraine Kornely</u> | <u>4428-126TH A</u> <u>Kenosha WI 53144</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Paris</u> | <u>4/2/11</u> |
| 2. <u>Mary K Nelson</u> | <u>7548 25TH AVE</u> <u>Kenosha WI 53143</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |
| 3. <u>Shanda Nelson</u> | <u>7548 29 AVE</u> <u>Kenosha WI 53143</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>4-2-11</u> |
| 4. <u>Ed B. Bond</u> | <u>7957 COOPER RD.</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLUASANT PRASST</u> | <u>4/2/11</u> |
| 5. <u>Ed J. C.</u> | <u>203 A55TH Street</u> <u>Kenosha WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/11</u> |
| 6. <u>John R. Mehner</u> | <u>7812 30TH AVE.</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/2011</u> |
| 7. <u>Michael M. Lath</u> | <u>5511-63rd ST</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/2011</u> |
| 8. <u>Jennifer Dodd</u> | <u>1826 34TH ST</u> <u>Kenosha WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/2011</u> |
| 9. <u>John M.</u> | <u>1519 74th St Kenosha WI 53140</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>4/2/2011</u> |
| 10. <u>-1</u> | <u>908 72nd St</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>4/2/11</u> |

Certification of Circulator

I, Philip Boehmke, certify:

(name of circulator)

I reside at 3312 Hidden Lake Dr. Woodstock IL 60098

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

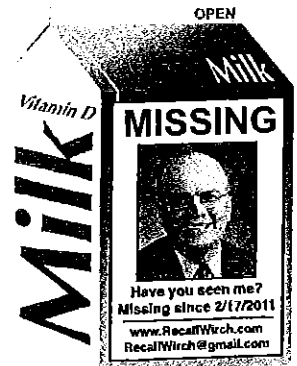
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <u>M. Kelly</u> | <u>7914 48th Ave</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | <u>3/20/11</u> |
| 2. <u>Cheri Spillmeier</u> | <u>8221 108th Ave</u> <u>Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/20/11</u> |
| 3. <u>Myra</u> | <u>7924 48th Ave</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3-20-11</u> |
| 4. <u>Nora Page</u> | <u>7611 17th Ave</u> <u>Kenosha</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3.20.11</u> |
| 5. <u>Quinn</u> | <u>11341 270th Ave</u> <u>TREVOR, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SALEM</u> <u>KENOSHA</u> | <u>3/20/11</u> |
| 6. <u>Anna Evans</u> | <u>747 101 St. Pleasant Prairie</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/20/11</u> |
| 7. <u>MS</u> | <u>747 101 St</u> <u>Pleasant Prairie WI 53158</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | <u>3/20/11</u> |
| 8. <u>Robert Rosmann</u> | <u>6516 42 Ave</u> <u>Kenosha, WI 53142</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/21/11</u> |
| 9. <u>Ruth Rosmann</u> | <u>6516 42 Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | <u>3/21/11</u> |
| 10. <u>Paul H Champion</u> | <u>5112 25th Ave</u> <u>KENOSHA, WI 53144</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> | <u>3/22/11</u> |

Certification of Circulator

I, Kathleen M. Becker, certify:

(name of circulator)

I reside at 6603 43rd Ave. Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-2011
(date)

Kathleen M. Becker
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

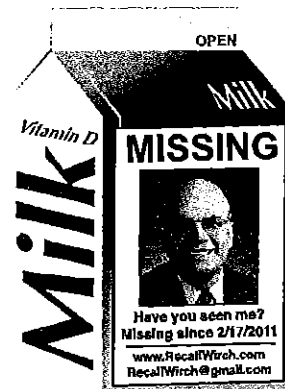
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. <i>[Signature]</i> | 7743 36th Ave Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 4/2/11 |
| 2. Gary Childen | 10245 66th Ave 2D. Pleasant Prairie WI, 53157 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4/2/11 |
| 3. Gene Olson | 4222 79 St Kenosha, WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 4/2/11 |
| 4. Paul Pascoe | 6924 30th Ave Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 4-2-11 |
| 5. <i>[Signature]</i> | 6924 30th Ave Kenosha WI 53142 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha | 4-2-11 |
| 6. <i>[Signature]</i> | 5310 15th St 3025 17th St | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha | 4-2-11 |
| 7. <i>[Signature]</i> | Racine WI 53405 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine | 4-2-11 |
| 8. <i>[Signature]</i> | 8510 82 St. #104 Pleasant Prairie, WI | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City | 4/2/11 |
| 9. John Herder | 6500 20th Ave Kenosha, WI 53143 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha | 4/2/11 |
| 10. <i>[Signature]</i> | 6553 49th Ave Kenosha WI 53142 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha | 4/2/11 |

Certification of Circulator

I, Kathleen M. Becker, certify:

I reside at 6603-43rd Ave. Kenosha, WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/02/2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
|------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <i>[Signature]</i> | 12225 36 th AVE PLEASANT PRairie | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | 4/2/11 |
| 2. <i>[Signature]</i> | 7405 45 th AVE Pleasant Prairie | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> | 4/2/11 |
| 3. <i>[Signature]</i> | 5827 80 th Place Kenosha WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | 4/2/11 |
| 4. <i>[Signature]</i> | 3209 86 th PL KENOSH, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | 4/2/11 |
| 5. <i>[Signature]</i> | 3209 86 th Place Kenosha WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | 4/2/11 |
| 6. <i>[Signature]</i> | 8519 48 Ave Kenosha WI 53142 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | 4/2/11 |
| 7. <i>[Signature]</i> | 8519 48 Ave Kenosha, WI 53142 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u> | 4/2/11 |
| 8. <i>[Signature]</i> | 4125 6 th ST KENOSHA, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> | 4/2/11 |
| 9. <i>[Signature]</i> | 21087 BURLINGTON RD UNION GROVE, WI 53182 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PARIS</u> <u>Union Grove</u> | 4/2/11 |
| 10. <i>[Signature]</i> | 21087 Burlington Rd Union Grove, WI 53182 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PARIS</u> <u>Union Grove</u> | 4/2/11 |

Certification of Circulator

I, James R Thierfelder, certify:

(name of circulator)

I reside at 9907 Dunkelou Rd Franksville, WI 53126

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/2/2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch